

Funding Opportunity Announcement (FOA)
PS15-1502: Comprehensive High-Impact HIV Prevention Projects for
Community-Based Organizations
Attachment E: HIV Testing Reporting Requirements

Agency-level

Program announcement number
Jurisdiction
Form ID
Session date
Agency ID
Intervention ID
Site ID
Site type
Site zip code
Site country

Client-level

Year of birth
State of residence
Client county of residence
Ethnicity
Race
Current gender
Assigned sex at birth
Previous HIV test result
Self-reported result
Behavioral risk factors
If HIV-positive, client's housing status

HIV Test Information

Sample date
Test election
Test technology
Test result
Result provided
If result not provided, why?

Referrals

Was client referred to HIV medical care?
If not, why?
Did client attend first appointment?
Was the first appointment within 90 days of the test date?
Client referred to prevention services?
Client received prevention services?
Client referred to or contacted by Partner Services?
Was the client interviewed for Partner Services?
Was the interview within 30 days of receiving results?
Is female client pregnant?
Is female client in prenatal care?

For Health Department Use Only

Prior to the client testing positive during this testing event, was he/she previously reported to the jurisdiction's surveillance department as being HIV - positive?